APPLICATION FOR BUSINESS TAX LICENSE INSTRUCTIONS

1. Select the classification under which your dominant business activity falls. "Dominant business activity" means the business activity that is the major and principal source of taxable gross sales of the business. If you need assistance in determining the appropriate business tax classification, please ask your county clerk or the designated city business tax official. You may also wish to refer to the document "Determining Your Business Tax Classification," which is available at m.gov/revenue. Enter the month on which the taxpayer's fiscal year ends.

Entities having less than \$10,000 in annual gross receipts may either select the option for "Minimal Activity License" or register for a regular business license in the appropriate business classification. Minimal Activity Licenses are valid for only the fiscal year selected. Each year in which the taxpayer will have less than \$10,000 in annual gross receipts, a new Minimal Activity License must be obtained.

- 2. Select the reason for which the application is being filed new business, additional location, or the purchase of an existing business.
- 3. Enter the date on which the applicant began or will begin conducting business activities at the location for which registration is being made.
- 4. Enter the name and exact location address of the business being registered. Include the business name, street address, city, state, and zip code.
- 5. Enter the mailing address of the business being registered. Enter the legal name (if different from location name), street address or post office box number, city, state, and zip code. If the legal name and mailing address are identical to the information in Item 4. leave Item 5 blank.
- 6. Enter the name of the county in which the business is located. Indicate whether the business is located within the limits of a city in the county. If the business is located within the limits of a city, enter the name of the city. Note: A business located within the limits of a city may have a business tax obligation for both the county and the city. If so, the business must obtain a business license from both the county and the city.
- 7. Enter the telephone number and, if applicable, the fax number of the business being registered.
- 8. Enter the name of a contact person for the business being registered. Enter the contact person's email address.
- 9. Enter the Federal Employer's Identification Number (FEIN) of the business being registered. If the business has applied for but not received an FEIN, so indicate. If no FEIN is required, so indicate.
- 10. If the business being registered currently has a sales and use tax account with the Tennessee Department of Revenue, enter the sales and use tax account number. If the business has applied for but not received a sales and use tax account number, so indicate. If no sales or use tax account number is required, so indicate.
- 11. Select the legal structure type of the business being registered.
- 12. Enter the Tennessee Secretary of State identification number of the business being registered, if applicable.
- 13. Enter a description of the business activities being performed by the business at the location being registered. Indicate the main products and services sold at this business location. Please be as detailed as possible.
- 14. Enter the names, home addresses, and home telephone numbers of two owners, officers, or partners in the business being registered. If the owner is an individual, enter the owner's social security number and check the appropriate box. If the owner is a business entity, enter the owner's FEIN and check the appropriate box. Finally, check the box to indicate whether the person is an individual or business entity owner, partner, officer, or member. This information is critical. It will allow us to identify persons with whom we may discuss the business tax account when needed.
- 15. The application must be signed by an individual owner, partner, or officer of the business being registered. The person who signs the application must be listed in Item 14 on the application form. Indicate the title of the person signing the application (i.e., owner, partner, officer) and the date on which the application is signed.

APPLICATION FOR BUSINESS TAX LICENSE

Application Fee \$15.00

ALL QUESTIONS MUS FOR ASSISTANCE, PL	T BE ANSWER EASE CONTAC	ED COMPLETELY T YOUR LOCAL (. INCOMPLETE AND UN COUNTY CLERK OR DES	SIGNED A	APPLICATIO DICITY OFF	ONS W	VILL D	ELAY	PROCESSING.		
1. INDICATE THE COMMINANT BUSINE	G. CLASSIFICATION IS DETERMINED BY THE ION.						Fiscal Year Ending Month				
Classification 1A	. Clas	sification 1C	Classification 1E		Classificatio	on 3		Clas	sification 5		
Classification 1E	Class	sification 1D	Classification 2		Classificatio	on 4			mal Activity License \$10,000 Annual Fross Receipt	3)	
2. REASON FOR AF	PLYING:						3. D/		USINESS BEGAN IN		
1. New business	of existing business THIS LOCATION:										
4. BUSINESS NAME AND EXACT LOCATION					5. BUSINESS MAILING ADDRESS						
BUSINESS NAME	NAME (ENTER LEGAL NAME, IF DIFFERENT)										
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR ROUTE NUMBER)					P.O. BOX, STREET, ROUTE, OR HIGHWAY						
APARTMENT OR SUITE N	UMBER (DO NOT	USE P.O. BOX NUM	BER OR ROUTE NUMBER) APARTM	ENT OR SUIT	TE NUM	MBER				
CITY	Y STATE			CITY				STATE ZIP CODE			
6. COUNTY IN WHIC	H BUSINESS	IS LOCATED	7. BUSINESS	I TELEPH	ONE NUM	BER	8.	CON	TACT PERSON'S NA	ME	
IS BUSINESS LOCA	TED INICIDE	TENNEGOEE (()				-		· · · · · · · · · · · · · · · · · · ·		
IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? NO YES BUSINESS					NESS FAX NUMBER CONTAC				TACT EMAIL ADDRE	ss	
	(If Yes,	Name of City)	()				-				
9. ENTER ENTITY'S	FEDERAL EN	/PLOYER'S IDE	NTIFICATION #	<u> </u>					☐ APPLIED FOR ☐ NOT REQUIRED		
10. CURRENT SALE	S TAX NUMB	ER FOR THIS B	USINESS LOCATION						APPLIED FOR		
11. TYPE OF OWNE	RSHIP (SELE	CT ONE)					12. T	N SE	CRETARY OF STATE	ID #,	
INDIVIDUAL]OI	NT (COUPLE)	CORPORATION	ON - SUE	3S TL				ABLE		
GEN PARTNER	 SHIP	RPORATION	LIC	LLP		.Р					
13. DESCRIBE THE	BUSINESS A	CTIVITY AT THIS	S LOCATION, STATING	G THE M	AJOR PRO	ODUC	CTS A	ND/C	R SERVICES SOLD		
	ERS, PARTN	ERS, OR INDIVI	DUAL OR COMPANY	OWNER					<u></u>		
(1) NAME	HOME TELEPHONE #		SOCIAL SECURITY#			RITY#	OWNER'S FEDERAL EIN				
HOME ADDRESS (DO NO	CITY		STATE				ZIP	CODE			
☐ Member ☐	Member DOfficer Deartner			al	☐ Owner - Company				☐ Shareholder		
(2) NAME			HOME TELEPHONE #	SOCIAL SECURITY # OWNER'S FEDE				RALEIN			
HOME ADDRESS (DO NOT USE P.O. BOX #)			CITY		STATE			ΤΕ	ZIP	CODE	
☐ Member ☐	Officer	☐ Partner	Owner - Individua	al	☐ Owner - Company ☐ Share				Shareholder		
15. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEI (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PART CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)								LIEF.	FOR OFFICIAL	USE ONLY	
SIGN HERE:											
TITLE	<u> </u>		DATE								